

Center for Health Statistics

Washington State Vital Records Fax-In Application

Credit Card Type _____

Credit Card Number _____ Credit Card Expiration Date _____
(Fees start at 28 US Dollars)

Type of Delivery Service: **Mail** ☐ **UPS Next Day Air** ☐ **Express Mail** ☐

Birth		
Have you received a copy before? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this person adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate type and number of copies you are requesting:		
Number of Certified Copies _____		
Name on Record (First/Middle/Last)		
Date of Birth (MM/DD/YYYY)	Place of Birth (City/County)	
Father's Full Name (First/Middle/Last) If not named, write "Not Named"		
Mother's Full Maiden Name (First/Middle/Last)		
Death		
Number of Certified Copies _____		
Name on Record (First/Middle/Last)		
Date of Death (MM/DD/YYYY) (or 10-year period search)	Place of Death (City/County)	
Marriage or Divorce		
Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Number of Certified Copies _____		
Groom's Name (First/Middle/Last)		
Bride's Name (First/Middle/Last)		
Date of Event (MM/DD/YYYY) (or 10-year period search)	Place of Event(City/County) (county marriage license obtained/county divorce filed)	
Name and Address Required. Certified Copies will be sent to the address you specify below.		
Name		Daytime Phone Number
Mailing Address		Email Address
City	State	Zip